

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date: 03/21/18		Bureau/Station/Facility: Special Operations Division / Metrolink Bureau		Admin. Invest.? <input type="checkbox"/> Hit? <input type="checkbox"/>	
Incident Information					
URN: None		Date: 03/21/18		Time: 0315 hours	
City or Station: Pomona		Nature of Incident: Deputy Daniel Eifert # [REDACTED] off duty, fire one round from his personally owned handgun at suspect. The suspect was not hit and is unknown and outstanding.			
Location: [REDACTED]					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> Street Other: Frontyard		Lighting (check only one): <input checked="" type="checkbox"/> Darkness <input type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights Weather (circle only one): <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance: 15 feet		Incident Type (check one or more): <input type="checkbox"/> Accidental <input type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Stun Gun <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:	
Total # of Shots Fired by Deputy: 1		Total # of Shots Fired by Suspect: 0		Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input type="checkbox"/> Call <input checked="" type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input checked="" type="checkbox"/> Other <input type="checkbox"/> Routine Patrol Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>	
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	Shift Time (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	Shift Type (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
	None				
Employee #	Last Name	First Name	M.I.	Shift Time (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	Shift Type (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	Shift Time (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	Shift Type (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Non-Employee Witnesses					
Last Name		First Name		M.I.	
None					
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Supervisors					
Employee #	Last Name	First Name	M.I.	(check one or more): <input type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more): <input type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Watch Sergeant					
Employee #	Last Name	First Name	M.I.		
Watch Commander					
Employee #	Last Name	First Name	M.I.		
		Powers	James		C
SH # 2451226					

None

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Rollout Information

Arrival Date	03/21/18	Arrival Time	0600 hours	Date Submitted	01/14/19	Date of Recommendation	
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Employee #		Last Name	Chapman	First Name	Scott	M.I.	D
Employee #		Last Name	Ortega	First Name	Matthew	M.I.	H
Employee #		Last Name	Powers	First Name	James	M.I.	C

Shooting / Force Information

Method

(AW)	Arwen	(OV)	Other Weapon: Vehicle
(BC)	Baton:(Control)	(OB)	Other Weapon: Blunt Object
(BI)	Baton:(Impact)	(OO)	Other Weapon: Other
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)
(CH)	Choke Hold	(PP)	Personal Weapon (Push)
(CT)	Control Holds:(Control Techniques)	(PO)	Personal Weapon (Other)
(TT)	Control Holds:(Team Takedown)	(RS)	Resistance
(TD)	Control Holds:(Takedown)	(CN)	Restraint Device (Capture Net)
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device:Hobble (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device:Hobble (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sting Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

Brand

Brand		(IV)	Iver Johnson	(RO)	Rossi
(AK)	AK-47	(JE)	Jennings	(SW)	Smith & Wesson
(BN)	Benelli	(LO)	Lorcin	(SR)	Sturm Ruger
(BR)	Beretta	(LU)	Luger	(SS)	SIG Sauer
(BW)	Browning	(MA)	Marlin	(ST)	Stierling
(CH)	Charter Arms	(MO)	Mossberg	(TA)	Taurus
(CO)	Colt	(NC)	NCI aka SKS	(WE)	Weatherby
(DA)	Davis Industries	(NA)	North American	(WN)	Winchester
(GL)	Glock	(NO)	Norinco	(US)	US Government
(HA)	Harrington & Richardson	(RA)	Raven	(YY)	Handmade (Innate)
(HI)	Hi Standard	(RM)	Remington	(XX)	Homemade (Non-Innate)
(HK)	H & K	(RG)	RG	(ZZ)	Other Brand
(IT)	Ithaca	(RI)	RGI		

Type of Injury

(AB)	Abrasion
(BR)	Bruise
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DH)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fractures
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious
(RM)	Refused Med Treatment
(NN)	NONE

Body Part Injured

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Grain
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

Caliber

9)	9 mm	(24)	.243 caliber	(41)	.410 gauge
10)	10 mm	(25)	.25 caliber	(44)	.44 caliber
12)	12 gauge	(30)	.308 caliber	(45)	.45 caliber
20)	20 gauge	(35)	.357 caliber	(50)	50 mm
21)	.22-250	(36)	30-80 caliber	(SL)	Slug
22)	.22 caliber	(38)	.38 caliber	(WWW)	Other caliber
23)	.223 caliber	(40)	.40 caliber		

FORCE APPLIED (one code per block)[illegible]

Officer Involved Shooting Involved Employee Information

URN: None

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Involved Employee										
E 1	Employee #		Last Name			First Name		M.I.		
			Eifert			Daniel		L		
	Sex: M	Race: Wht	Rank: Deputy		Unit Assignment: Metrolink Bureau		Work Assignment (Unit #, Module, etc.): Off duty			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 6 hours		Duty Time (hrs):		Clothing (circle only one): <input checked="" type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors: Off duty, personally owned handgun			
	Age:	Height: 508	Weight: 170							
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	Directed Force: <input type="checkbox"/>
	Weapons Fired Brand: Beretta		Caliber: 9		# Shots: 1		Weapons Fired Brand:		Caliber:	# Shots:
Field Training Officer Emp #		Last Name			First Name		M.I.			
Field Training Officer Emp #		Last Name			First Name		M.I.			
E	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:	Height:	Weight:							
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	Directed Force: <input type="checkbox"/>
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber:	# Shots:
Field Training Officer Emp #		Last Name			First Name		M.I.			
Field Training Officer Emp #		Last Name			First Name		M.I.			
E	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:			
	Age:	Height:	Weight:							
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings:	Directed Force: <input type="checkbox"/>
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber:	# Shots:
Field Training Officer Emp #		Last Name			First Name		M.I.			
Field Training Officer Emp #		Last Name			First Name		M.I.			

Officer Involved Shooting Suspect Information

URN: None

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Suspect Information																				
S	Last Name			Unknown			First Name			Unknown			M.I.							
	AKA Last Name						First Name						M.I.							
	Sex: M		Race: Hispanic		Street Address:			City			State & Zip Code:									
	Work Phone:			Home Phone:			Social Security #:			Driver's License #:										
	Age: 25		D.O.B.		Height: 506		Weight: 150		FBI #			CII #								
	Booking #			None			Primary Charge:			Secondary Charge:										
	Coroner Case?			<input type="checkbox"/>			Coroner Case #			None			Intoxication/Drug Usage?		<input type="checkbox"/>		Substance Used:		Unknown	
	Armed?			<input type="checkbox"/>			Apprehended?			<input type="checkbox"/>			Mental Illness?		<input type="checkbox"/>		Criminal History?			
	Vehicle Make			Model:			Year:			Parole:			Probation:			Prior Felony Conviction:				
	Unknown																			
S	Last Name						First Name						M.I.							
	AKA Last Name						First Name						M.I.							
	Sex:		Race:		Street Address:			City			State & Zip Code:									
	Work Phone:			Home Phone:			Social Security #:			Driver's License #:										
	Age:		D.O.B.		Height:		Weight:		FBI #			CII #								
	Booking #						Primary Charge:			Secondary Charge:										
	Coroner Case?			<input type="checkbox"/>			Coroner Case #						Intoxication/Drug Usage?		<input type="checkbox"/>		Substance Used:			
	Armed?			<input type="checkbox"/>			Apprehended?			<input type="checkbox"/>			Mental Illness?		<input type="checkbox"/>		Criminal History?		<input type="checkbox"/>	
	Vehicle Make			Model:			Year:			Parole:			Probation:			Prior Felony Conviction:				
S	Last Name						First Name						M.I.							
	AKA Last Name						First Name						M.I.							
	Sex:		Race:		Street Address:			City			State & Zip Code:									
	Work Phone:			Home Phone:			Social Security #:			Driver's License #:										
	Age:		D.O.B.		Height:		Weight:		FBI #			CII #								
	Booking #						Primary Charge:			Secondary Charge:										
	Coroner Case?			<input type="checkbox"/>			Coroner Case #						Intoxication/Drug Usage?		<input type="checkbox"/>		Substance Used:			
	Armed?			<input type="checkbox"/>			Apprehended?			<input type="checkbox"/>			Mental Illness?		<input type="checkbox"/>		Criminal History?		<input type="checkbox"/>	
	Vehicle Make			Model:			Year:			Parole:			Probation:			Prior Felony Conviction:				
S	Last Name						First Name						M.I.							
	AKA Last Name						First Name						M.I.							
	Sex:		Race:		Street Address:			City			State & Zip Code:									
	Work Phone:			Home Phone:			Social Security #:			Driver's License #:										
	Age:		D.O.B.		Height:		Weight:		FBI #			CII #								
	Booking #						Primary Charge:			Secondary Charge:										
	Coroner Case?			<input type="checkbox"/>			Coroner Case #						Intoxication/Drug Usage?		<input type="checkbox"/>		Substance Used:			
	Armed?			<input type="checkbox"/>			Apprehended?			<input type="checkbox"/>			Mental Illness?		<input type="checkbox"/>		Criminal History?		<input type="checkbox"/>	
	Vehicle Make			Model:			Year:			Parole:			Probation:			Prior Felony Conviction:				
S	Last Name						First Name						M.I.							
	AKA Last Name						First Name						M.I.							
	Sex:		Race:		Street Address:			City			State & Zip Code:									
	Work Phone:			Home Phone:			Social Security #:			Driver's License #:										
	Age:		D.O.B.		Height:		Weight:		FBI #			CII #								
	Booking #						Primary Charge:			Secondary Charge:										
	Coroner Case?			<input type="checkbox"/>			Coroner Case #						Intoxication/Drug Usage?		<input type="checkbox"/>		Substance Used:			
	Armed?			<input type="checkbox"/>			Apprehended?			<input type="checkbox"/>			Mental Illness?		<input type="checkbox"/>		Criminal History?		<input type="checkbox"/>	
	Vehicle Make			Model:			Year:			Parole:			Probation:			Prior Felony Conviction:				